

FALL '06 SPORTS REGISTRATION FORM

Participant Information

Participant's Last Name

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Participant's First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Sex (M/F)

--	--

Birthdate

		-			-		
--	--	---	--	--	---	--	--

Grade

--	--

School

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Activity #

--	--	--	--	--

Activity/Class Name

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If you would like to receive information on the City of Gaithersburg programs, please leave us your e-mail address: _____

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Check here if new address/phone since last time registered.

Parent /Guardian Information

Parent/Guardian Last Name

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Parent/Guardian First Name

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Address

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Apt. #

--	--	--

City

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State

--	--

Zip Code

--	--	--	--	--	--

Home Phone

			-				-				
--	--	--	---	--	--	--	---	--	--	--	--

Work Phone (Dad)

			-				-					Ext.				
--	--	--	---	--	--	--	---	--	--	--	--	------	--	--	--	--

Work Phone (Mom)

			-				-					Ext.				
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Additional Information/special request:

Waiver of Liability

I hereby grant permission for my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my child's insurance in case of injury. Furthermore I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by my child or for any injury sustained in the program. The participant also consents to the City's use of any photographs taken or video tapes made of the program. I have read and agree to conduct myself in accordance the the City's guidelines at youth sports activities.

Print Parent/Guardian Name

Signature of Parent/Guardian

N.Y.S.C.A (National Youth Sports Coaches Association)

Is Mom/Dad interested in coaching? YES ☐ NO ☐

Assistant coaching? YES ☐ NO ☐

Please complete form on reverse side.

***NYSCA** - is a certification program to train volunteer coaches on how to work with youth in a sports setting. The City of Gaithersburg offers the NYSCA program to all coaches.*

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made prior to the start of the program. Please indicate what accommodations are needed : _____

Amount Paid \$ _____ Cash ☐ Check # _____

Discover/Visa/MC# _____ - _____ - _____ Exp.Date ____/____

Signature (name on card) _____

Print Name _____

OFFICE USE ONLY:

Rec'd: _____ Initials _____

W P M F Resident: Y N

Pr: _____ Date _____